Crisis Bed Development Work Group
June 8, 2006 10:00 – 12:00

Next meeting: June 21, 2006 1:00 – 4:00pm Location: Home Intervention Program

Barre, VT

Present: Jeff Rothenberg, CMC
Sheryl Bellman, HCHS
Sandy Smith, CSAC
John Stewart, RMHS (by phone)
Anne Donahue, Counterpoint
Patti Barlow, VDH/DMH
Cindy Thomas, VDH/DMH

Agenda: Tour of ASSIST Program
Update on Futures Project
Review Minutes
Review Information Of Crisis Bed Surveys
Gather Crisis Bed Survey Information On ASSIST - Sheryl Bellman

Sheryl gave the work group a tour of the ASSIST program and crisis call center.

Jeff convened the meeting at 10:30 a.m.

Agenda was reviewed.

Anne contacted the hospitals to get the information for the next meeting.

Jeff updated the group on the Milliman actuarial report, indicating that if the new system is fully funded the need will be for 41 beds by the year 2016. This will be 90% in terms of surge capacity. No additional beds were identified for Corrections. Jeff noted that the report portrayed the Springfield Mental Health Unit as intermediate level of care, but that the community did not agree with this.

Jeff reviewed information he had received from the crisis bed survey. The questions are reviewed with Sheryl Bellman for the ASSIST Program. (See attached.)

The group discussed the various uses of the existing crisis beds. Anne asked Sheryl how many beds she thinks could be sustained in a small community. Sheryl offered that 2 beds would be adequate for a smaller community and that Chittenden County does not need additional short-term crisis beds, but rather additional longer term, transitional beds.

The work group reviewed its task: to identify the programmatic and geographical priorities of the system for additional crisis beds.

Four (4) of the surveys of CRT directors have been returned to Jeff.

Sheryl offered a suggestion to keep in mind when thinking about barriers to admission to crisis beds: For the ASSIST Program in the past all admissions were screened face-to-face by a QMHP. This created a barrier to an admission due to the length of time involved in getting the screening done by the QMHP. Now the CRT case manager can make a direct referral to the crisis beds. The ASSIST staff can screen for the admission with a psychiatric consult.

The group had a discussion around public inebriate beds. There are 6 beds in Chittenden County at the ACT I program. RMHS has two positions for public inebriate screeners but they do not have beds. NCSS has 2 on-call beds. UCS has one bed. The public inebriate screeners are funded by ADAP.

John Stewart shared information about the one crisis bed located at Pine St. in Rutland. This one bed is used for hospital diversion and hospital step-down. This is for CRT consumers only. It is staffed by the CRT outreach staff. During nights and weekends there is one awake staff person who is also responsible for the rest of the building. The average occupancy is around 60%. If the bed is empty the overnight staff is managing the building which is occupied by CRT consumers in Section 8 subsidized housing.

Other crisis beds in the State are: 1 bed at Hill House through CSAC; one bed at 22 Upper Welden through NCSS; and a respite apartment through CMC.

Sheryl has been in contact with OVHA regarding reimbursement from VHAP for the crisis beds. Presently CIGNA, MVP and Magellan are reimbursing for the crisis beds. ACT 1 services are reimbursed for the screening only. There is no reimbursement for the sheltering. If a person who is in an ACT 1 bed transfers to the Bridge Program the next day the bed can be billed as a residential treatment bed.

Next Meeting: For the next meeting Patti will contact OVHA regarding reimbursement for crisis beds. The group will go over the information gathered from the CRT Directors, crisis beds; and hospitals toward to goal of identifying where the need is throughout the State.

Future Meetings:: July 10th, 1:00 – 4:00 at the Clara Martin Center
July 26th, 10:00 – 1:00 at the Clara Martin Center

The meeting adjourned at 12:00pm

Submitted by: Cindy Thomas, MA